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ABSTRACT

The purpose of this paper is to provide the beginning counselor with an overview of prevention concepts. Prevention is a relatively new emphasis in community efforts to stem the rising costs of substance abuse and other high-risk behaviors. The paper discusses agent, host, and environmental prevention models and how they relate to causal theories of addiction. It stresses that prevention strategies must relate to causal models of addictive behavior if they are to have any likelihood of making an impact. Target populations must be clearly identified, and risk and protective factors need to be accurately described. Prevention is important because it offers alternatives to treatment that is costly, available to a select few, and frequently not effective. Counselors play a critical role in prevention as they have the skills in interpersonal communication to facilitate problem solving, goal setting, and collaboration. They are in a position to advocate for system change and to model healthy behaviors to their clients, students, and members of the larger community. The role played by counselors in prevention work is described, and summaries of effective prevention programs are presented. Also included is a facilitator's manual which is a practical guide for teaching content through guided experiential projects. Four objectives are listed, and seven student exercises are provided. (Contains 16 references.) (MKA)

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Preventing Addiction

Susan Fordney Moore

Introduction

The purpose of this chapter is to provide the beginning counselor with: an overview of prevention concepts, a discussion of prevention models as they relate to causal theories of addiction, a summary of effective substance abuse prevention approaches, and a description of the various counselor roles in prevention work.

Prevention is a relatively new emphasis in community efforts to stem the rising costs of substance abuse and other high-risk behaviors. According to the former Surgeon General of the United States, C. Everet Koop (1993), preventable illness makes up about 70% of the burden of illness and associated costs. Diseases are of two kinds: those we develop unintentionally, and those we bring upon ourselves with our failure to be active participants in prevention. It is estimated, for example, that alcohol and drug problems cost an estimated $114 billion annually (U.S. DHHS, 1990). The human cost is incalculable as these problems interrelate with other actions such as violence and high-risk sexual behaviors, impacting numerous service systems including education, mental health, and criminal justice. The impact on individuals, families, and communities is significant.

Due to limited success of legal and treatment approaches in lowering the rates of substance abuse, multiple prevention strategies have mushroomed since the 1970's. In spite of the potential of well-designed prevention programs to have greater impact in decreasing substance abuse and increasing healthy behaviors, prevention continues to receive minimal support through state and federal funding. Counselors, irrespective of where they work, need to understand their role in prevention with their students, clients, families, agency, school, and other community partners. It is increasingly clear that the most successful prevention programs involve various partners, are clear of purpose, address multiple risk factors, and have a system of on-going evaluation (see Chapter 12).

Prevention

Prevention is the creating of optimal conditions that nurture and sustain the healthy development of individuals, families, and communities. The goal is to change the conditions under which the undesirable target behaviors occur by promoting the overall wellbeing of people through positive action (Lofquist, 1989). Because addiction has many causes, prevention strategies have multiple objectives and attempt to influence individuals and groups at different stages.

It is obvious, however, that interventions in any of these categories have preventative effects.

Primary prevention focuses on strengthening individuals and communities prior to the instigation of detrimental behaviors that may lead to addiction. Secondary prevention refers to those efforts that attempt to intervene in addictive patterns that are harmful to individuals and communities before these patterns have become entrenched and require treatment. Tertiary prevention includes treatment strategies designed to remediate addictive patterns and prevent a downward trend that may result in death and the dismantling of individuals, families, and communities. An additional stage covers relapse prevention which includes those efforts designed to support individuals, families,

Over thirty years ago, Caplan (1964) suggested that prevention activities could be classed according to three levels: primary, secondary, and tertiary. This has been somewhat confusing as it allows any activity to be described as prevention. and communities who have stopped on their own or who been treated for addiction. All of these stages are important in a comprehensive prevention plan. It is important for counselors and other professionals to recognize at what level they are working and the manner in which their efforts complement interventions in the others.

In the past twenty years, prevention research in addiction has focused almost exclusively on substance abuse. Contemporary researchers and practitioners, however, see many commonalties among addictive disorders (Gold, Johnson, & Stenneil, 1997) and argue for the application of prevention theory to other problematic behaviors such as gambling (Blume, 1997). For the purposes of this chapter, discussion will emphasize primary prevention of substance abuse with the expectation that practitioners will find helpful information applicable to the prevention of other addictions.

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Models of Prevention

A model of prevention must reflect a comprehensive understanding of the multiple causes of addiction. Prevention efforts in substance abuse have been based on numerous causal models of addiction which generally reflect trait/genetic determinants, cognitive and attitudinal factors, pharmacological factors, developmental variables, behavioral factors, and socio/cultural influences (Botvin & Botvin, 1997). Most prevention programs address one or more of these factors. The influence of family in relationship to all of these factors is substantial. In efforts to address these numerous causal factors, there has been an interdisciplinary collaboration between behavioral science and the public health field. In public health, an epidemiologic model is used to explain disease as the interplay between the agent of infection, the host, and the environment (Lilienfeld & Lilienfeld, 1994). This model is easily adapted to behavioral science specifically in the area of prevention of addiction. Within this model, the agent is understood as the drug or the behavior (e.g., gambling). Individual characteristics and internal influences (e.g., depression, brain function) comprise the host. The environment consists of those external influences such as media and social norms which have an impact on specific drug use (Vaughn, 1993). Understanding the interaction of these forces is paramount in designing and implementing prevention programs that have a likelihood of being successful in addressing specific risk factors. The epidemiologic model combined with a decision as to whether a prevention approach is primary, secondary, or tertiary provides a structure within which to develop and evaluate any prevention effort. Within the context of the comprehensive epidemiologic model, there are sub-models which are designed specifically to guide prevention interventions at the levels of agent, host, and environment.

Agent prevention models have as their unit of focus the drug or addictive behavior itself. Availability, accessibility, and reactions to the drug or behavior on the part of the user become important considerations in prevention planning (Chen & Kandel, 1995). Programs that disseminate drug information and supply reduction efforts are examples of approaches under this model.

Host prevention models attempt to intervene with addictive potential at the level of the individual. They are based on a number of considerations regarding individuals and their development. First is the assumption that individuals are at risk to develop addictive behaviors because they have certain personality characteristics that increase their vulnerability. Examples include excessive shyness and early anti-social attitudes (Page, 1989; Apgar, 1998). Genetic factors are also believed to be influential in some individuals who develop substance abuse problems. Researchers, Anthenelli and Schuckit (1997), indicate that children of parents with alcohol problems are significantly more likely to develop problems with alcohol than children whose parents are not alcohol abusers. Recent brain research has also demonstrated that vulnerability to addiction may have a genetic component and that addictive behaviors, such as eating and sexual behavior, stimulate the brain reward centers in similar ways as addictive drugs (Dupont, 1997c).

Developmental issues are important to consider in conceptualizing effective prevention. It may be that an individual who is at risk for or who has already developed an addictive behavior pattern has not successfully negotiated developmental tasks across the life span and abuses substances to cope with these deficits. Other concerns relate to what is expected of individuals at certain stages of development relative to substance abuse. For example, experimentation with at least one psychoactive substance occurs during the adolescent years for most young persons in American society (Botvin & Botvin, 1997).

Environmental prevention models take into account the many social and cultural factors which are influential in decisions regarding substance use and other potentially addictive behaviors. These factors may be viewed as contributing to the resiliency or the vulnerability of an individual or a community in relationship to drug use. These are factors characterized by interactions among family, school, peer group, and the broader community. One such factor is the relationship of parental substance use to the onset of use among their children (Wills, Schreibman, Benson, & Vaccaro, 1994). Another environmental variable is the role of media and its substantial power to influence attitudes and behavior.

Purpose

Prevention is important because it offers alternatives to treatment which is costly, available to a select few, and frequently not effective. Prevention strategies can impact large numbers of people or a few depending on the objectives. When prevention efforts fail, it is often because the purpose of these activities is not clear from the

outset. Prevention strategies must relate to causal models of addictive behavior if they are to have any likelihood of making an impact. Target populations must be clearly identified. The risk and protective factors being addressed need to be accurately described. Only then can practitioners understand the purpose of their efforts, the appropriateness of their strategies and the degree to which they are successful.

To determine the purpose of a prevention effort, the following questions must be considered:

- Who is the target population., e.g. , adolescents, senior citizens, first generation Mexican-Americans.
- What behaviors, characteristics, factors are to be impacted by the intervention.,e.g., cigarette smoking, inhalant abuse, parenting skills, lack of playground activities.
- Is the intended intervention a primary, secondary, or tertiary prevention approach?
- What strategies targeting which populations have been shown to produce change in the desired direction?
- What other individual or community variables may influence the success of the prevention effort?
- What approaches are necessary and plausible in order to minimize the effects of these additional factors?

The more specific one can be in selecting the population to be impacted and the variables to be modified, the clearer one can be about the purpose of the prevention initiative. Considerations such as age, gender, family, cultural, and social influences should be identified so that the chosen strategy is appropriate for the population and likely to influence the targeted variables.

Developing Effective Prevention Programs

A review of prevention interventions, successes and failures, is an essential first step in the development of new programs. Much has been learned in the last two decades about what works and what does not work! Additionally, although some prevention programs do not accomplish their intended goals, there may be elements of these initiatives that have some unexpected benefits. It is important to note these pluses and replicate them in new programs.

Traditional prevention approaches have used educational intervention strategies to disseminate factual information about drugs and their negative consequences. Scare tactics and real life examples have typically been used in these approaches. Prevention through educational intervention is based on rational theory which contends that once a person is knowledgeable about the consequences of drug use, he or she will choose to abstain. Evaluation studies have shown that these strategies do increase knowledge about drugs and health consequences but they also consistently fail to prevent or reduce drug use among youth (Berberian & Gross, Lovejoy, Parella, 1994; USDHHS, 1994). From today's vantage point, it is easy to see why these approaches were unsuccessful. Focus was on the agent (drug) and there was no consideration of related host and environmental factors. Also, there was no clear connection between information gained and a person's beliefs and attitudes and how these variables influenced drug use in real life situations (Randall & Bruvold, 1988).

Psychosocial prevention approaches are grounded in cognitive development, social learning, and psychological inoculation theories (Jansen, Glynn, & Howard,1996). These strategies focus on the development of health enhancing behaviors and cognitive abilities so that individuals are better able to counter the risk factors which may predispose them toward substance abuse. They build personal competence and include techniques such as problem solving, resisting social influences, and communication skills. Botvin and Botvin (1997) have summarized major strategies which fall under the psychosocial model. They include ther following:

- Affective Education which focuses on increasing interpersonal growth and self-esteem through experiential activities, didactic instruction, and group discussion and problem solving activities
- Personal and Social Skills Training targets individual behavior change in communication, social and assertiveness skills, decision making, and anxiety reduction through discussion and cognitive-behavioral skills training (instruction, demonstration, practice, feedback, and reinforcement). Research results affirm that personal and social skills strategies to prevent drug use and abuse can reduce onset of use and have a positive impact on related social and cognitive skills among youth (Dielman, 1995).
- Resistance Skills Training focuses on increasing awareness of the social influence to use alcohol, tobacco, and other drugs (ATOD), developing skills to resist these influences, and establishing non-use norms through behavioral rehearsal, extended practice (homework), the use of peer leaders, and group discussion. Prevention practitioners have combined resistance training with training in decision making skills, interpersonal communication skills, and skills to build self control to diminish the power of social influences on the decision to use drugs (Severson, et al. 1991; Susman, et al. 1993).
- Alternatives provide relief from boredom and a sense of alienation while attempting to increase self-

esteem and self-reliance through recreational activities, community service projects, vocational training among others.

Environmental prevention approaches focus on those factors outside of the host that influence an individual's choices and actions relative to ATOD use and other addictive behavior. These environmental variables interact and can have synergistic effects in either a positive or negative direction. Examples of prevention approaches that are part of an environmental model include the following:

- Family is perhaps the most significant environmental influence. Young people who feel connected to their families and school are less likely to use cigarettes, alcohol, and marijuana. To a lesser degree, high parental expectations, parental presence in the home at critical times, and shared parent-child activities serve as protective factors from high-risk activities (Resnick, 1997). Three family-based prevention approaches have demonstrated great potential for success. These include parent and family skills training, in-home support services, and family therapy. Parent and family skills are designed to improve poor parent-child communication, child behavior, and family conflict. In-home support services attempt to decrease domestic violence, child abuse, and neglect. Services are also directed toward reducing delinquency and improving social skills, school attendance, anger management, and adherence to curfew laws. The goal of family therapy is to improve family functioning and to reduce antisocial behaviors (SAMHSA, 1998).
- Health communication involves the use of media to convey well designed messages to remote audiences with the intent of changing health attitudes and behaviors, shaping social norms, and influencing legislative and policy decisions. These strategies are generally a part of the broader context of health promotion, community development, and social change initiatives (Simon-Morton & Donohew, 1997).

Two popular communication-based prevention activities are

- Media Literacy emphasizes the role of the receiver in analyzing media and challenging the assumptions within the messages. The objectives of media literacy training are to improve the target population's knowledge and understanding of how media is developed, what approaches are used, who are the beneficiaries of media messages, and what are the values imbedded in the communications. Medial literacy is a recognized goal of prevention programs and has been integrated into numerous ATOD prevention programs (Hansen, 1992).
- Media Advocacy, in the prevention of ATOD problems, attempts to influence public discussion by changing how health issues are prevented to the public. Media advocates encourage media sources to present information in factual and socially responsible ways. Media advocacy attempts to secure the active support of citizens in order to pressure policy makers to create the desired change in environmental conditions (Simon-Morton, & Donohew, 1997).
- School is a powerful environmental influence in American society. School-based prevention approaches are important in several ways. First, the school is the central and unifying location in many communities. It is in the school setting that many informational, psychosocial, family, and peer prevention programs are provided. Secondly, schools are increasingly called upon to assume more roles in developing resilient youth who will have the personal strength and necessary skills to make healthy choices and avoid addictive patterns.

Community-based prevention strategies allow multiple risk and protective factors to be addressed across domains and developmental levels. They encourage the participation of diverse groups, which enhances the opportunity to reach those at greatest risk. The following checklist (Perry & Williams, 1998) is provided by The National Institute of Drug Abuse to assist in determining whether a specific community-based program includes research-based prevention principles:

- To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations, and health providers? Are the program components well integrated in theme and content so that they reinforce each other?
- Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents, and keep the public informed of the program's progress?
- Can program components be coordinated with other community efforts to reinforce prevention messages (for instance, can training for all program components address coordinated goals and objectives)?
- Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?

- Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation, and review to refinement, with feedback to and from the community at all stages?
- Are the objectives and activities specific, time-limited, feasible (given available resources), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?

Impact

Evaluation of prevention programs indicates that while improvement in knowledge and some attitude changes may occur, there is little evidence demonstrating that these programs result in a reduction or elimination of substance abuse (USDHHS, 1994). This lack of evidence of program effectiveness may be attributed to multiple causes of substance abuse and the difficulty in evaluating prevention programs where risk and protective factors overlap. Most prevention models in recent years have addressed a combination of host and environmental factors. The programs that have gotten the best results are those that are comprehensive, with research-based strategies that address clearly defined multiple components and include the individual, family, peers, and community (Jansen, et al. 1996). The favored paradigm for primary prevention incorporates multiple intervention strategies delivered through a variety of settings tailored toward the target population (Pentz et al., 1996). For example, the "communities that care" approach to drug abuse, which has been adopted in a number of states, targets a wide array of risk factors including economic and social deprivation, low neighborhood attachment, community disorganization, and drug availability among others. This approach also focuses on protective factors which form a solid foundation for behavior change that is lasting (Hawkins & Catalano, 1992).

Pentz (in press) has been successful in reaching the entire community with a comprehensive school program, media efforts, a parents' program, health policy change, and community organization. Research results of this project show positive long-term efforts. Students who began the program in middle school showed significantly less use of marijuana, cigarettes, and alcohol than children who did not receive the program.

The Life Skills Training Program (Botvin & Botvin, 1997) is a classroom-based program designed to address multiple risk and protective factors. The program consists of a three-year prevention curriculum targeting middle school students. It covers drug information and resistance skills, self management skills, and general social skills. Research results demonstrate that this prevention intervention can produce decreases in the use of tobacco, alcohol, and marijuana. Booster sessions can help to sustain program effects.

Strengthening Families (Kumper & Alvarado, 1996) is a multi-component family focused program that targets 6-to-10 year-old children of substance abusers. The program contains a parent training aspect, a children's skills training program, and a family training element. Outcomes include reductions in family conflict, improvement in family organization and communication, and decreases in youth aggressiveness and substance abuse.

One frequent criticism of primary prevention programs has been that while they may impact future occasional users, they may not be effective with youth who are at highest risk for substance abuse. There is a critical need for prevention efforts to focus on subgroups of adolescents who may be at very high risk for certain types of ATOD use (Dent, Sussman, Ellickson, Brown & Richardson, 1996). In addition, prevention programs historically have been designed from a mainstream cultural perspective which has focused on White, in-school populations (Hawkins, et al. 1992). This is changing, however, and there are many current prevention initiatives developed and implemented within a context of respect for cultural differences.

Two significant groups in need of targeted prevention efforts are women and the elderly. Historically, cultural norms have encouraged lower rates of substance use among women. These norms are breaking down as women have become targeted by advertising campaigns to buy and use alcohol and other drugs (Jacobson, Hoeker & Atkins, 1980). Primary prevention efforts with women include educational programs to alert women of their special sensitivity to alcohol, the risks of using substances to cope with feelings, the danger of mixing alcohol with other drugs such as sedatives which are used more frequently among women (Shore, 1994). The risks of substance use during pregnancy constitute an additional prevention focus for women.

Elderly persons are predisposed to higher rates of substance abuse, particularly alcohol and prescription medications (Gambert, 1997). There are many issues to address in prevention of substance abuse with elderly persons. Age and the accompanying physical decline affects how substances will be metabolized by the body. Elderly persons experience considerable loss with the deaths of loved ones, loss of jobs, and often the inability

to continue in favored activities due to physical or mental decline. With both groups, prevention workers need to approach the development of prevention service comprehensively. Medical status, the role of family members, the inability to follow one's dreams are factors which place both women and the elderly at increased risk for addiction.

Comprehensive prevention is extremely challenging and requires considerable collaboration. There is much to keep track of when you consider the numbers of people involved, the scheduling of events, the ongoing evaluation demands, and the need for sufficient resources. If prevention is to be successful, it must be planned for and implemented in a detailed and logical manner. All involved need to understand their roles, and continually strive to improve their skills in interpersonal communication, effective collaboration, program planning and evaluation, and community development.

Counselor Role

Counselors play important and varied roles in prevention. They may be working at the primary, secondary, or tertiary levels in prevention programs. Most commonly counselors are involved in intervention and treatment functions. They may intervene with clients or students at the experimentation stage and are involved in referring or treating individuals who develop substance abuse problems.

Emerging roles for the counselor are as advocate and consultant for prevention programming at the primary level. This may include working with teachers in designing classroom strategies that support the development of resiliency in their students. It may be collaborating with community leaders to get a senior citizens center built which would provide activities for elderly persons. It might include collaborating with other professionals to provide parent skill training. School counselors are in an excellent position to work with parents on strategies to support children in achieving success in the classroom. Academic achievement is a significant protective factor in prevention of substance abuse. Counselors, social workers, and mental health professionals must to be aware of the signs of substance abuse problems within their clients so they can receive appropriate services as soon as possible. In prevention work, counselors are challenged to get out of their offices and into the community where their skills in interpersonal communication, problem solving, dispute resolution, and listening can be utilized to promote climates of support and nurturance in order to mitigate risk and reinforce individual and community resiliency.

Summary

Over the past two decades, prevention programs have increased dramatically as an overall national strategy to curb addiction problems in American society. Many of these efforts were not successful; however, recently, some well researched prevention programs are demonstrating positive outcomes including decreases in substance abuse. These approaches share a number of commonalities. They are comprehensive, include multiple components, and address numerous risk and protective factors. They involve key representatives from the entire community in the planning, implementation, and evaluation of programs.

Counselors play a critical role in prevention. They have the skills in interpersonal communication to facilitate problem solving, goal setting, and collaboration. They are in a position to advocate for system change and to model healthy behaviors to their clients, students, and members of the larger community.

Well-constructed programs and competent prevention professionals offer hope that many of the destructive behaviors in contemporary American society can be decreased. It makes sense to prevent or curtail addictive behaviors before they become entrenched. Hopefully, individuals, families, schools, and communities will make prevention an ongoing priority so that there will be fewer persons at substantial risk of developing addiction problems.

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Preventing Addiction

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Rationale

Substance abuse and other addictive behaviors are harmful to individuals, families, and society. They are expensive to treat and recidivism rates are high. Prevention strategies offer the hope of intervening in this destructive pattern. By becoming knowledgeable about successful elements of prevention programs, students will be prepared to develop, evaluate, and contribute to effective prevention efforts.

Overview

The lesson connects causal models of addictive behavior with prevention strategies. It reviews traditional prevention approaches and examines promising trends in prevention programming.

Objectives

1. To understand the relationship between theories of addiction and prevention program development.
2. To be familiar with traditional and contemporary prevention approaches.
3. To learn the various elements of effective prevention programs.
4. To reflect on one's own risk and protective factors and what is successful prevention on a personal level.

Activities

1. Group students into threes or fours. Ask each group to choose one prevention approach. Answer the following questions: What theory or theories of addiction does it address? What risk and/or resiliency factors does it consider? Who is the target population? What stage of prevention does it represent? Leave enough time for a representative from each group to report to the class.
2. Have each student list their personal risk and protective factors. Have them develop a prevention approach that would work for them. Provide ample time for volunteers to share their work with the entire class.
3. Ask students to bring in an item of media that relates to prevention and/or addiction. Have students pair up and analyze their media examples. Describe the sender, the targeted receiver, the content, and the underlying values of the media message.
4. Have students arrange to visit one prevention program in their community. Ask them to write a description of the program, identifying the stage of prevention (primary, secondary, tertiary), and the risk and resiliency factors addressed.
5. Brainstorm causes of addiction. Ask several students to write them on flipcharts or blackboard. Facilitate class discussion around the most significant risk factors.
6. Ask students to work in small groups of four or five. Develop a description of an "ideal" community. What would it look like? What protective factors would be evident?
7. Have each group share their vision with the entire class.